Municipal Form Form CPF M 102: Campaign Finance Report



Signed under the penalties of perjury:

Office of Campaign and Political Finance

Date: Signature)		Signed under the venalties of veriury:
tributions and liabilities for this reporting period and represents the	in-kind con	Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this
h the requirements of M.G.L. c. 55. I have not received any contributions,	cordance with	Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actinity, of all persons acting under the authority or on pehalf during this reporting incurred any liabilities nor made any expenditures on my behalf during this reporting
	(Ajuo x	FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box
(Treasurer's signature) Date: 7//0//9		Signed under the penalties of perjury:
and liabilities for this reporting period and represents the campaign with the requirements of M.G.L. c. 55.	ontributions	Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind e activity of all persons acting under the authority or on behalf of this committee in a finance activity of all persons acting under the authority or on behalf of this committee in a finance activity of all persons acting under the authority or on behalf of this committee in a finance activity of all persons acting under the authority or on behalf of this committee in a finance activity of all persons acting under the authority or on behalf of this committee in a finance activity of all persons acting under the authority or on behalf of this committee in a finance activity of all persons acting under the authority or on behalf of this committee in a finance activity of all persons acting under the authority or on a behalf of this committee in a finance activity of all persons acting under the authority or on behalf of this committee in a finance activity of all persons acting under the authority or on a behalf of this committee in a finance activity of the finance activity of the finance activity of the finance activity of the finance activity or on the finance activity of the finance activities and the finance activities are also active and the finance activities are also active a
		Line 8: Name of bank(s) used: Citizens Bank
		Line 7: Total (all) outstanding liabilities (page 7)
WE CONTRACTOR	(9 ə8	Line 6: Total in-kind contributions this period (page)
100 100 100 100 100 100 100 100 100 100		Line 5: Ending Balance (line 3 minus line 4)
S20.13	(11 =	Line 4: Total expenditures this period (page 5, line
□ = 1		Line 3: Subtotal (line 1 plus line 2)
Toos or		Line 2: Total receipts this period (page 3, line 11)
£2.09£		Line 1: Ending Balance from previous report
RMATION:	E INEO	SUMMARY BALANC
optional):	Phone # (Phone # (optional):
Committee Mailing Address	:lism-3	Residential Address Residential Address
al Street, Suite 175 Arlington, MA 02476	7 Centr	seeshk A Initrohing d
Name of Committee Treasurer		Office Sought and District
Committee Name	J qillid4	Candidate Full Name (if applicable)
ble Arlington Committee	<u>Afforda</u>	(Allerines 35) emp[[Ing] emp[pac]
after election year-end report dissolution	γεb 0ξ ⊠	Type of Report: (Check one)
Ending Date: 07-11-19	61-	Fill in Reporting Period dates: Beginning Date: 06-04
File with: City or Town Clerk or Election Commissio		

(Candidate's signature)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

Enter on page 1, line 2 005 Line 11: TOTAL RECEIPTS IN THE PERIOD Line 10: Total Receipts \$50 and under* (not listed above) 005 Line 9: Total Receipts over \$50 (or listed above) Landing. 22 Bartlett Ave Arlington, MA 02476 500 Self-Employed 6102/20/90 Phillip Lohnes (for contributions of \$200 or more) Amount (alphabetical listing required) Date Received Occupation & Employer Name and Residential Address report all receipts. Please include your committee name and a page number on each page.)

SCHEDULE A: RECEIPTS (continued)

a include only those receipts not itemized above.	9. Line 10 should	receipts of \$50 and under, include them in line	* If you have itemized
← Enter on page 1, line 2		Line 11: TOTAL RECEIPTS IN THE PERIOD	
		ipts \$50 and under* (not listed above)	Line 10: Total Rece
		pts over \$50 (or listed above)	Line 9: Total Recei
hai			
1			
00 M.			
Occupation & Employer (for contributions of \$200 or more)	JunomA	Name and Residential Address (alphabetical listing required)	Date Received

SCHEDNTE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

520.13	NEES IN THE PERIOD	Line 14: TOTAL EXPENDIT	Enter on page 1, line 4 →	
	Line 13: Total Expenditures \$50 and under* (not listed above)			
520.13	Line 12: Total Expenditures over \$50 (or listed above)			
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S't	Processing Fee	190 Monroe Ave NW #500, Grand Rapids, MI 49503	TxeznexT	610Z '1 Int
17.571	pnisitievbA	1 Hacker Way Menlo Park, California 94025	Facebook	610Z 'I Int
26.991	Robo Calls	2129 General Booth Blvd Suite 103-277 Virginia Beach, VA 23454	Robocent, Inc.	9102, 21 nut
SZI	pnizitievbA	1600 K St. NW, Suite 803 Washington, D.C. 20006	Audience Partners	6102,77 nut
JanomA	Purpose of Expenditure	Address	To Whom Paid (alphabetical listing)	Date Paid
report all expenditures. Please include your committee name and a page number on each page.)				

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDALE B: EXPENDITURES (continued)

bəziməti ton s	ould include only those expenditure	include them in line 12. Line 13 sh	ı rised expenditures of \$50 and under	* If you have item
	OBES IN THE PERIOD	Line 14: TOTAL EXPENDIT	Enter on page 1, line 4 →	
	inder* (not listed above)	Line 13: Expenditures \$50 and u	a 1	
	(or listed above)	Line 12: Expenditures over \$50		
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95				
F-100-100-100-100-100-100-100-100-100-10				
		/		
JunomA	Purpose of Expenditure	Address	To Whom Paid (gnitzil Iscitage)	Date Paid

above.

Page 5

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

		Line 17: TOTAL IN-KIND Co	Enter on page 1, line 6 \rightarrow	aco paist ai ao Ft *
	\$50 & under (not listed above)	Line 16: In-Kind Contributions		
	over \$50 (or listed above)	Line 15: In-Kind Contributions		
'S OFFIC	23 O LL			
TOWN CLERK				
20 EA	id.			
Value	Description of Contribution	Residential Address	From Whom Received*	Date Received
		. I agad no or ann in babbra	III DUP SD10221 S 22MIIIIII 2 2ID III0	

of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

	Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)		Enter on page 1, line 7 →	
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JunomA	Purpose	Address	То Whom Due	Date Incurred